

OPINION

MENTAL HEALTH CARE

System in shambles will not heal itself

Jimmy Walsh for AL.com

With a loved one in trouble, the wait while listening for the siren signaling the approach of an ambulance can seem interminable. Yet it comes, often in time to save your family member. When the organ in medical crisis is the brain, however, your loved one in Alabama may or may not survive that wait.

Unlike a sick heart, a sick brain gets no ambulance ride to the hospital. A person whose brain is so sick it does not recognize the problem must either be capable of self-help, or his or her medical treatment will depend upon the state, principally through the police and court system. Until the state acts, the family of a person suffering a mental health crisis must wait.

People do die because they prefer to think they have heartburn rather than a heart attack, or die of cancer because they didn't want to know what caused their pain. But to assume, as the law does, that a person with a critically sick brain can rationally decide not to treat his or her sick brain is to accept the concept that a person suffering a mental health crisis will also make a rational decision to be homeless, to commit suicide, or to commit an act leading to an arrest and jail. All of these events are known consequences of a failure to treat mental illness.

Only if the state determines that a loved one is a threat to self or to others does the law then authorize involuntary admission and retention in a hospital for treatment. Thus comes the wait for something untoward to happen — something that will prove the risk of harm and can authorize involuntary hospitalization. In the interim, the brain gets sicker.

Treatment of the brain is most successful when it is given promptly upon initial onset of mental illness. Just like the heart, prompt and early treatment increases the chances of success. Early treatment requires open and well-functioning mental health centers fully funded to provide community mental health services. Treatment close to home, early and often, is preferable to remote hospitalization. It is cheaper and matching federal funds apply to community treatment but not hospitalization. Hospitalization, unfortunately, will always be required for crisis treatment or longer term difficult cases. Nevertheless, early treatment works better, is cheaper and has a much higher success rate.

Alabama has not adequately funded its mental health treatment system. The community mental health centers are starved for appropriate funding, Medicaid is currently funded to fail, and we have refused to accept Expanded Medicaid and its ability to provide medical service to many more in need. We are failing to provide adequate community mental health services, and yet, we have a closed a significant number of hospital beds. Thus, it should come as no surprise to anyone that our mental health care system and many sick people and their families are in crisis.

The agony family members go through while waiting for treatment for their loved ones, while at the same time trying to keep their loved one alive and/or out of jail is a horror no one would wish on their worst enemy. The pressure on families during a mental health crisis of their family member is enormous. Many families are destroyed in the process, leaving the loved one to fend for him or herself in the future. This process of delayed treatment and long waits occurs every day, and the refusal of Alabama to adequately shoulder its responsibility for the mental health care of its citizens suffering from mental illness is unconscionable.

Theoretically, our mental health system works; in actuality, it is in shambles, despite the incredible effort of so many who work in the system. Our mental health workers cannot perform the miracles necessary without adequate funding, yet our funding priorities are directed to hospitalization and imprisonment, the most expensive choices available and often the result of having failed to fund a system for early intervention.

Alabama has closed several mental health hospitals, losing critical treatment beds in preference to a community-based treatment system, which is, theoretically, a far superior method of treating our loved ones close to home. But the money saved, which was to be diverted to community treatment, was never committed to fully fund community mental health and preventative services and we are left to treat in crisis. Only the state can require mental health treatment or its current, more common replacement, imprisonment, so those critical services must be adequately funded by the state.

Since early treatment is cheaper than hospitalization, and far cheaper than imprisonment, it would seem that the legislature's duty is to adequately fund quality community mental health services.

Mental illness will affect one out of five of all Americans during their lifetime. By choosing to inadequately fund mental health services, the legislature is allowing a significant number of its citizens and voters to receive inferior treatment and expose all to unnecessary crisis and danger.

So, we wait: for the legislature to adequately fund community mental health and Medicaid, for a critical care mental health system that will speed critically ill patients to proper care, for the possibility that we will become critically mentally ill, not realize it, and sit around facing the real possibility of death or jail with little help from the state.

Our legislature squabbles over some of the most infuriatingly unimportant issues in life, while a truly significant number of Alabama citizens with very critically ill minds go without adequate or timely treatment. Surely, the legislature does not think mental illness is only a disease that affects poor people, because it is not. The process for compulsory treatment is in the hands of the state, and is the same process for rich and poor alike.

Yes, the legislature should lead. Yes, they should assure that our state's mental health is adequately protected by adequately funding community mental health, adequate hospital beds and a much better commitment process. The legislature has failed miserably. They vote for inadequate funding, and wait for some magic trick that will allow them to go to the voters proudly proclaiming that they continued to cut taxes regardless of their failure to govern and to protect their own citizens. They wait, and then we wait for things to change.

We can afford to wait no longer. Talk to your legislators about this subject. Do you, as a person who might someday face a mental health crisis, want to go to the hospital in handcuffs, riding in the back of a police car? Even worse, do you want to go to jail for being sick? That is the system we offer for everyone, every day. We can do better; our citizens deserve better. If your legislator wants to wait, you should send him or her home to wait.

We should find legislators who understand the needs for a functioning mental health treatment system, and who have the courage to lead Alabama to become a mentally healthy state. If we do not, we, the voters are the problem because we continue to accept waiting for a day that will never come.

Walsh is president of the Alabama chapter of the National Alliance on Mental Illness.

Cancer moonshot?



We already have, but don't appreciate, an important pathway

Dr. Alan Blum for AL.com

On the heels of President Obama's announcement in May of the \$1 billion National Cancer Moonshot Initiative, a report last week of the failure of the heavily advertised lung cancer drug Opdivo to live up to its marketing promise calls for a reality check.

This new kind of drug, which harnesses the body's immune system to fight cancer, proved no better than conventional chemotherapy, which selectively kills cancer cells. At best, the drug extends life by an average of three months — and at an astronomical cost of \$150,000 for the initial treatment and \$14,000 a month thereafter.

The failure of innovative but unaffordable approaches to cancer treatment should remind us that we can and must prevent more people from getting cancer.

Not long ago, while chatting with a man in the neighboring seat on an airline flight, I was asked what I did for a living. "I'm a family physician with a focus on preventing cancer and heart disease," I said.

"Oh, that's wonderful work, doctor. I hope my son, who's pre-med, will follow in your footsteps. But tell me, do you think there'll be a cure for cancer in our lifetime?"

After pointing out that cancer is not a single disease but rather dozens of related diseases in which cells in various parts of the body go haywire, I noted that there have been great advances in the treatment of many cancers, notably leukemia, testicular cancer, and breast cancer. Then I added, "Actually, we have a foolproof cure for nearly 40 percent of all cancers."

"Really? That's great news. But what's this cure?"

"Not smoking."

My seatmate pulled away from me as if I'd sneezed in his face. "Oh, I get it," he said with disgust, "You're just one of those anti-smokers." He didn't speak to me for the rest of the flight.

I mean no disrespect to researchers toiling away on innovative immunologic and genomic approaches to cancer treatment. And I don't want to take away from the important work of the American Cancer Society in assisting the patients with cancer and educating caregivers about it. In its 2016 advertising campaign, the ACS claims, "If we could all focus our compassion on the growing cancer epidemic, think of the lives we could save. 1 in 7 people around the world die from cancer. Help us change this statistic. Join us in our mission to end the pain and suffering of cancer."

But there is no mention of the leading, entirely avoidable cause of cancer: cigarette smoking.

In their recent book *The Death of Cancer*, Dr. Vincent DeVita, former director of the National Cancer Institute, and co-author Elizabeth DeVita-Raeburn express their frustration with the conservative, risk-averse cancer research establishment. But my greater dismay emanates from the shirking of responsibility by national health agencies, cancer centers, the ACS and organized medicine to do more to end the smoking pandemic.

According to surveys of patients, over half of physicians fail to talk to

their patients about smoking. No doubt they think the subject is too intellectually simplistic and even a waste of time.

At most public health schools, which should be taking the lead in community-wide tobacco control programs, the battle has become less about fighting smoking than about fighting over grants to write papers about fighting smoking. The nation's largest college teachers' pension fund, TIAA-CREF, remains one of the largest investors in tobacco stocks. And next month's national fundraising telethon Stand Up To Cancer will salute several sponsors that still manufacture, sell, or promote cigarettes, such as the technology giant Siemens, which makes cigarette-manufacturing machinery for the world's major tobacco companies, and publishers TIME Inc. and Conde Nast, which still publish cigarette ads in their respective magazines such as *Sports Illustrated* and *Glamour*.

Alabama remains one of the few states without a statewide clean indoor air act. Although more than 8,600 Alabamians die from cigarette-caused diseases each year (by comparison, motor vehicle accidents claim the lives of 900) and although Alabama has the ninth-highest smoking rate in the nation, the state has cut its funding for anti-smoking programs. Less than 2 percent of the annual payment from the tobacco industry to the state under the 1998 Master Settlement Agreement reached with the state attorneys general — funds that were intended to be directed primarily to curb smoking — is used for that purpose.

By all rights, lung cancer should have been included along with smallpox as one of the diseases that was eradicated in the 20th century. Instead, to the undying shame of the health professions — and due to the untiring energy of the tobacco industry — the production, distribution, marketing and use of cigarettes continues to grow in every corner of the world. The medical and public health communities, not to mention our elected officials and the business sector, bear a great part of the blame for their foot-dragging and failure to act decisively and fearlessly on what we knew for certain more than 52 years ago when U.S. Surgeon General Luther L. Terry, an Alabamian, released the landmark report that named cigarette smoking as the leading avoidable cause of lung cancer.

This year more than 480,000 Americans will die from smoking-caused diseases, including over 160,000 from heart disease and 160,000 from lung cancer. And the number is growing.

We landed a man on the moon in 1969. We've known even longer how to prevent over a third of cancer deaths. Let's not keep pretending otherwise. We all have a personal responsibility to prevent teenagers from taking up cigarette smoking and to help our friends and relatives who still smoke end this irredeemably harmful addiction.

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